US 040163

COMPLETE IF KNOWN

REINDER JAAP BRIL

PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR

DESIGN PATENT APPLICATION

(37 CFR 1.63)

□ Declaration

⊠Declaration

Attorney Docket Number

First Named Inventor

Application Number

Submitted OR	_ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date									
With Initial Filing		Group Art Unit		····							
1 ming	required)	Examiner Name									
As a below named inventor, I hereby deciare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I em the original, first and sola invantor (if only one name is listed below) or an original, first and joint invantor (if plural names are listed below) of the subject metter which is claimed end for which a petent is sought on the invantion antitled:											
METHOD AND ST RESTRAINED BU	YSTEM FOR TRANSI IDGET USE	FERRING BUDGET	S IN A TECH	NIQUE FOR							
the specification of which (Title of the Invention)											
 is attached hareto OR 											
was filed on (MM/DD/YYYY) 03/31/2004 as United States Application Number or PCT International											
Application Number 60/558,072 and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims es emended specifically referred to above.											
I acknowledge tha duty to disclose information which is materiel to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becama evailable between the filing data of the prior application and the netionel or PCT international filing date of the continuation-in-part epplication.											
I hereby cleim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international epplication which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign epplication(s) for petent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy YES	Attached?						

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority deta sheet PTO/SB/02B ettached hereto:

Burden Hour Statement: This form is astimated to take 21 minutes to complate. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you ere required to complete this form should be sent to the Chiaf information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		24737		OR	Correspondance address below				
or Bar Code Lat	Xel L								
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I hereby declare that all statements made herein of my own knowledge ere true and that all statements made on information end belief are believed to be true; and further that these statements were made with the knowledge that willful false statements end the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or eny patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name REINDER JAAP (first and middle [if any])		Family Name Brill or Surname							
Inventor's Signature Date & June 24 2004									
Waalre Residence: City	State	Netherlands			Netherlands				
	Jule		Country		Citizenship				
Mozartiaan 9									
Mailing Address									
Waalre				erlands	5583 XP				
City	State	fate							
			Coun		Postal Code				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Family Name or Surname							
inventor's Signature				Date					
			l						
Residence: City	State		Country		Citizenship				
Mailing Address									
City	State		Country		Postai Code				
Additional inventors are being named on the supplemental Additional inventor(s) sheet(s) PTO/SB/02A etteched hereto.									